

EAST Search History

| Ref # | Hits | Search Query | DBs | Default Operator | Plurals | Time Stamp |
|-------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------|---------|------------------|
| L1 | 2 | fibromyalgia near40 (\$antitrypsin or \$anti-trypsin) | US-PGPUB; USPAT; EPO; JPO; DERWENT | ADJ | ON | 2006/08/16 13:16 |
| L2 | 6 | ("4440679" "6737405").PN. | US-PGPUB; USPAT; EPO; JPO; DERWENT | ADJ | ON | 2006/08/16 11:49 |
| L3 | 1 | fibromyalgia near40 ((protease inhibitor) or (proteinase inhibitor)) | US-PGPUB; USPAT; EPO; JPO; DERWENT | ADJ | ON | 2006/08/16 13:20 |
| L4 | 2 | fibromyalgia near40 (antiproteinase or aat\$2 or serpina\$2) | US-PGPUB; USPAT; EPO; JPO; DERWENT | ADJ | ON | 2006/08/16 15:28 |
| L5 | 2 | "20030228628".pn. | US-PGPUB; USPAT; EPO; JPO; DERWENT | ADJ | ON | 2006/08/16 13:38 |
| L6 | 4 | "2003041697".pn. | US-PGPUB; USPAT; EPO; JPO; DERWENT | ADJ | ON | 2006/08/16 13:38 |
| L7 | 2 | fibromyalgia near40 (9041-92-3 or (trypsin inhibitor) or antitrypsin or aralast or prolastin or resptitin or (serpin a 1) or zemaira or \$8antiprotease or \$8antiproteinase) | US-PGPUB; USPAT; EPO; JPO; DERWENT | ADJ | ON | 2006/08/16 15:31 |
| L8 | 0 | fibromyalgia near40 ((alpha-1 at) or alpha1-at) | US-PGPUB; USPAT; EPO; JPO; DERWENT | ADJ | ON | 2006/08/16 15:32 |

WEST Search History

DATE: Wednesday, August 16, 2006

| Hide? | <u>Set Name</u> | <u>Query</u> | <u>Hit Count</u> |
|--------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------|
| | <i>DB=PGPB,USPT; PLUR=YES; OP=ADJ</i> | | |
| <input type="checkbox"/> | L5 | l3 not l4 | 11 |
| <input type="checkbox"/> | L4 | L3 and @ad<20040924 | 6 |
| <input type="checkbox"/> | L3 | L1 same fibromyalgia | 17 |
| <input type="checkbox"/> | L2 | L1 dame fibromyalgia | 0 |
| <input type="checkbox"/> | L1 | (9041-92-3 or Trypsin inhibitor OR Antitrypsin OR Aralast OR Prolastin OR Respitin OR Serpin A 1 OR Zemaira) | 17080 |

END OF SEARCH HISTORY

d his

(FILE 'HOME' ENTERED AT 12:02:24 ON 16 AUG 2006)

FILE 'CAPLUS, BIOSIS' ENTERED AT 12:02:43 ON 16 AUG 2006

L1 4 S FIBROMYALGIA (40N) (?ANTITRYPSIN OR ?ANTI-TRYPSIN)
L2 3 DUP REM L1 (1 DUPLICATE REMOVED)

=> app. no. 10/549,759

d his

(FILE 'HOME' ENTERED AT 12:02:24 ON 16 AUG 2006)

FILE 'CAPLUS, BIOSIS' ENTERED AT 12:02:43 ON 16 AUG 2006

L1 4 S FIBROMYALGIA (40N) (?ANTITRYPSIN OR ?ANTI-TRYPSIN)
L2 3 DUP REM L1 (1 DUPLICATE REMOVED)

FILE 'REGISTRY' ENTERED AT 13:01:31 ON 16 AUG 2006

L3 0 S ALPHA-1 ANTITRYPSIN/CN
E (ALPHA-1 ANTITRYPSIN)
L4 51 S (ALPHA-1 ANTITRYPSIN)
L5 51 DUP REM L4 (0 DUPLICATES REMOVED)
E ANTITRYPSIN
L6 82 S E3

FILE 'CAPLUS, BIOSIS' ENTERED AT 13:24:50 ON 16 AUG 2006

L7 3 S FIBROMYALGIA(40N) (ANTIPROTEINASE OR AAT2 OR AAT OR SERPINA? O
L8 2 DUP REM L7 (1 DUPLICATE REMOVED)
L9 13122 S L4
L10 6 S L4 AND FIBROMYALGIA
L11 5 DUP REM L10 (1 DUPLICATE REMOVED)

=> app. no. 10/549,759

* * * * * STN Columbus * * * * *

FILE 'HOME' ENTERED AT 12:51:43 ON 16 AUG 2006

=> file ca

COST IN U.S. DOLLARS

SINCE FILE

ENTRY

TOTAL

SESSION

FULL ESTIMATED COST

0.39

1.48

FILE 'CA' ENTERED AT 12:54:27 ON 16 AUG 2006

=> s alpha-1 antitrypsin

1595841 ALPHA

2465 ALPHAS

1595940 ALPHA

(ALPHA OR ALPHAS)

8430567 1

6773 ANTITRYPSIN

47 ANTITRYPSINS

6780 ANTITRYPSIN

(ANTITRYPSIN OR ANTITRYPSINS)

L2 5719 ALPHA-1 ANTITRYPSIN

(ALPHA (W) 1 (W) ANTITRYPSIN)

=> d ind

L2 ANSWER 1 OF 5719 CA COPYRIGHT 2006 ACS on STN

CC 14-8 (Mammalian Pathological Biochemistry)

ST fibrinogen haptoglobin congenital hypothyroidism

IT Human

(2-DE detection revealed that enhanced fibrinogen γ -chain and reduced haptoglobin β -chain plasma protein expression was normalized after treatment with thyroxine in congenital hypothyroidism patient)

IT Fetuins

RL: ADV (Adverse effect, including toxicity); BSU (Biological study, unclassified); BIOL (Biological study)

(A; α 2-HS glycoprotein was unaltered in untreated congenital hypothyroidism patient)

IT Development, mammalian postnatal

(child; 2-DE detection revealed that enhanced fibrinogen γ -chain and reduced haptoglobin β -chain plasma protein expression was normalized after treatment with thyroxine in congenital hypothyroidism patient)

IT Hypothyroidism

(congenital; 2-DE detection revealed that enhanced fibrinogen γ -chain and reduced haptoglobin β -chain plasma protein expression was normalized after treatment with thyroxine in congenital hypothyroidism patient)

IT Development, mammalian postnatal

(infant; 2-DE detection revealed that enhanced fibrinogen γ -chain and reduced haptoglobin β -chain plasma protein expression was normalized after treatment with thyroxine in congenital hypothyroidism patient)

IT Hemopexins

RL: ADV (Adverse effect, including toxicity); BSU (Biological study, unclassified); BIOL (Biological study)

(two-dimensional gel electrophoresis detected hemopexin plasma protein

in untreated congenital hypothyroidism patient)

IT α 1-Acid glycoprotein
 RL: ADV (Adverse effect, including toxicity); BSU (Biological study, unclassified); BIOL (Biological study)
 (two-dimensional gel electrophoresis detected orosomucoid plasma protein in untreated congenital hypothyroidism patient)

IT Transferrins
 RL: ADV (Adverse effect, including toxicity); BSU (Biological study, unclassified); BIOL (Biological study)
 (two-dimensional gel electrophoresis detected transferrin plasma protein in untreated congenital hypothyroidism patient)

IT Glycoproteins
 RL: ADV (Adverse effect, including toxicity); BSU (Biological study, unclassified); BIOL (Biological study)
 (α 1-B-; α 1-B glycoprotein was unaltered in untreated congenital hypothyroidism patient)

IT Haptoglobin
 RL: ADV (Adverse effect, including toxicity); BSU (Biological study, unclassified); BIOL (Biological study)
 (β , Haptoglobins, β -; two-dimensional gel electrophoresis detected that markedly reduced expression of haptoglobin β -chain plasma protein was normalized after treatment with thyroxine in untreated congenital hypothyroidism patient)

IT Fibrinogens
 RL: ADV (Adverse effect, including toxicity); BSU (Biological study, unclassified); BIOL (Biological study)
 (γ chain; two-dimensional gel electrophoresis detected that markedly enhanced expression of fibrinogen γ -chain plasma protein was normalized after treatment with thyroxine in untreated congenital hypothyroidism patient)

IT 51-48-9, Thyroxine, biological studies
 RL: ADV (Adverse effect, including toxicity); BSU (Biological study, unclassified); BIOL (Biological study)
 (2-DE detection revealed that enhanced fibrinogen γ -chain and reduced haptoglobin β -chain plasma protein expression was normalized after treatment with thyroxine in congenital hypothyroidism patient)

IT 9041-92-3, α 1-Antitrypsin
 RL: ADV (Adverse effect, including toxicity); BSU (Biological study, unclassified); BIOL (Biological study)
 (α 1-antitrypsin was unaltered in untreated congenital hypothyroidism patient)

=> file reg

COST IN U.S. DOLLARS

SINCE FILE

TOTAL

ENTRY

SESSION

FULL ESTIMATED COST

6.34

7.82

FILE 'REGISTRY' ENTERED AT 12:55:02 ON 16 AUG 2006

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STRUCTURE FILE UPDATES: 15 AUG 2006 HIGHEST RN 901654-60-2

DICTIONARY FILE UPDATES: 15 AUG 2006 HIGHEST RN 901654-60-2

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TSCA INFORMATION NOW CURRENT THROUGH January 6, 2006

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REGISTRY includes numerically searchable data for experimental and
predicted properties as well as tags indicating availability of
experimental property data in the original document. For information
on property searching in REGISTRY, refer to:

<http://www.cas.org/ONLINE/UG/regprops.html>

=> s 9041-92-3/rn
L3 1 9041-92-3/RN

=> d

L3 ANSWER 1 OF 1 REGISTRY COPYRIGHT 2006 ACS on STN
RN 9041-92-3 REGISTRY
ED Entered STN: 16 Nov 1984
CN Trypsin inhibitor, α 1- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN α 1-Antiprotease
CN α 1-Antiproteinase
CN α 1-Antitrypsin
CN α 1-Antitrypsin Pittsburgh mutant
CN α 1-Antitrypsin Portland
CN α 1-AT
CN α 1-Protease inhibitor
CN α 1-Proteinase inhibitor
CN α 1-Trypsin inhibitor
CN Antitrypsin Pittsburgh
CN Aralast
CN Prolastin
CN Respitin
CN Serpin A 1
CN Zemaira
DR 9082-50-2, 124542-00-3
MF Unspecified
CI COM, MAN
LC STN Files: ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BIOSIS, BIOTECHNO,
CA, CAPLUS, CBNB, CHEMCATS, CHEMLIST, CIN, CSCHEM, DDFU, DRUGU, EMBASE,
IFICDB, IFIPAT, IFIUDB, IMSCOSEARCH, IMSRESEARCH, IPA, MRCK*, PHAR,
PROMT, RTECS*, TOXCENTER, USPAT2, USPATFULL
(*File contains numerically searchable property data)
Other Sources: EINECS**
(**Enter CHEMLIST File for up-to-date regulatory information)

*** STRUCTURE DIAGRAM IS NOT AVAILABLE ***

PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

5893 REFERENCES IN FILE CA (1907 TO DATE)
317 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA

5902 REFERENCES IN FILE CAPLUS (1907 TO DATE)

=> sel l3 chem
E1 THROUGH E18 ASSIGNED

=> index bioscience
FILE 'DRUGMONOG' ACCESS NOT AUTHORIZED
COST IN U.S. DOLLARS

| | SINCE FILE ENTRY | TOTAL SESSION |
|---------------------|---------------------|------------------|
| FULL ESTIMATED COST | 3.11 | 10.93 |

INDEX 'ADISCTI, ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, ANTE, AQUALINE, AQUASCI, BIOENG, BIOSIS, BIOTECHABS, BIOTECHDS, BIOTECHNO, CABA, CAPLUS, CEABA-VTB, CIN, CONFSCI, CROPB, CROPU, DDFB, DDFU, DGENE, DISSABS, DRUGB, DRUGMONOG2, DRUGU, EMBAL, EMBASE, ...' ENTERED AT 12:56:01 ON 16 AUG 2006

68 FILES IN THE FILE LIST IN STNINDEX

Enter SET DETAIL ON to see search term postings or to view
search error messages that display as 0* with SET DETAIL OFF.

=> s e1-18 and fibromyalgia
1 FILE ADISCTI
7 FILES SEARCHED...
3 FILE BIOSIS
1 FILE BIOTECHABS
11 FILES SEARCHED...
1 FILE BIOTECHDS
13 FILES SEARCHED...
12 FILE CAPLUS
19 FILES SEARCHED...
1 FILE DDFU
43 FILE DGENE
23 FILES SEARCHED...
1 FILE DRUGU
3 FILE EMBASE
30 FILES SEARCHED...
35 FILES SEARCHED...
17 FILE IFIPAT
43 FILES SEARCHED...
3 FILE MEDLINE
1 FILE PASCAL
48 FILES SEARCHED...
6 FILE PROMT
57 FILES SEARCHED...
3 FILE SCISEARCH
1 FILE TOXCENTER
307 FILE USPATFULL
61 FILES SEARCHED...
26 FILE USPAT2
64 FILES SEARCHED...
11 FILE WPIDS
66 FILES SEARCHED...
11 FILE WPINDEX

19 FILES HAVE ONE OR MORE ANSWERS, 68 FILES SEARCHED IN STNINDEX

L4 QUE (A1-ANTIPROTEASE/BI OR A1-ANTIPROTEINASE/BI OR "A1-A
NTITRYPSIN PITTSBURGH MUTANT"/BI OR "A1-ANTITRYPSIN PORTLAND"/BI

OR A1-ANTITRYPSIN/BI OR A1-AT/BI OR "A1-PROTEASE IN
HIBITOR"/BI OR "A1-PROTEINASE INHIBITOR"/BI OR "A1-TRYPSIN
INHIBITOR"/BI OR "ANTITRYPSIN PITTSBURGH"/BI OR ARALAST/BI OR PROLAST
IN/BI OR RESPITIN/BI OR "SERPIN A 1"/BI OR ZEMAIRA/BI OR 124542-00-3/B
I OR 9041-92-3/BI OR 9082-50-2/BI) AND FIBROMYALGIA

=> d rank

| | | |
|-----|-----|------------|
| F1 | 307 | USPATFULL |
| F2 | 43 | DGENE |
| F3 | 26 | USPAT2 |
| F4 | 17 | IFIPAT |
| F5 | 12 | CAPLUS |
| F6 | 11 | WPIDS |
| F7 | 11 | WPINDEX |
| F8 | 6 | PROMT |
| F9 | 3 | BIOSIS |
| F10 | 3 | EMBASE |
| F11 | 3 | MEDLINE |
| F12 | 3 | SCISEARCH |
| F13 | 1 | ADISCTI |
| F14 | 1 | BIOTECHABS |
| F15 | 1 | BIOTECHDS |
| F16 | 1 | DDFU |
| F17 | 1 | DRUGU |
| F18 | 1 | PASCAL |
| F19 | 1 | TOXCENTER |

=> file f5-19

COST IN U.S. DOLLARS

SINCE FILE

TOTAL

ENTRY

SESSION

FULL ESTIMATED COST

12.81

23.74

FILE 'CAPLUS' ENTERED AT 13:08:48 ON 16 AUG 2006
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FILE 'TOXCENTER' ENTERED AT 13:08:48 ON 16 AUG 2006
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=> s l4 and py<2005
2 FILES SEARCHED...
4 FILES SEARCHED...
6 FILES SEARCHED...
8 FILES SEARCHED...
11 FILES SEARCHED...
L5 27 L4 AND PY<2005

=> dup rem l5
PROCESSING COMPLETED FOR L5
L6 17 DUP REM L5 (10 DUPLICATES REMOVED)
ANSWERS '1-5' FROM FILE CAPLUS .
ANSWERS '6-8' FROM FILE WPIDS
ANSWERS '9-13' FROM FILE PROMT
ANSWER '14' FROM FILE BIOSIS
ANSWER '15' FROM FILE EMBASE
ANSWER '16' FROM FILE SCISEARCH
ANSWER '17' FROM FILE ADISCTI

=> d bib abs 1-17

L6 ANSWER 1 OF 17 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 1
AN 2005:139369 CAPLUS Full-text
DN 142:175392
TI Analysis of genetic information contained in peripheral blood for
diagnosis, prognosis and monitoring treatment of allergy, infection and
genetic disease in human
IN Liew, Choong-Chin
PA Chondrogene Limited, Can.
SO U.S. Pat. Appl. Publ., 155 pp., Cont.-in-part of U.S. Ser. No. 802,875.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 47

| | PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|----|---------------|------|----------|-----------------|--------------|
| PI | US 2004241726 | A1 | 20041202 | US 2004-812707 | 20040330 <-- |
| | US 2004014059 | A1 | 20040122 | US 2002-268730 | 20021009 <-- |
| | US 2005191637 | A1 | 20050901 | US 2004-803737 | 20040318 |
| | US 2005196762 | A1 | 20050908 | US 2004-803759 | 20040318 |
| | US 2005196763 | A1 | 20050908 | US 2004-803857 | 20040318 |

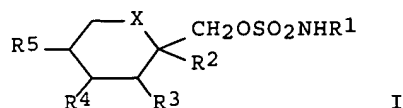
| | | | | | |
|------|-----------------|----|----------|----------------|--------------|
| | US 2005196764 | A1 | 20050908 | US 2004-803858 | 20040318 |
| | US 2005208505 | A1 | 20050922 | US 2004-803648 | 20040318 |
| | US 2004241726 | A1 | 20041202 | US 2004-812707 | 20040330 <-- |
| PRAI | US 1999-115125P | P | 19990106 | | |
| | US 2000-477148 | B1 | 20000104 | | |
| | US 2002-268730 | A2 | 20021009 | | |
| | US 2003-601518 | A2 | 20030620 | | |
| | US 2004-802875 | A2 | 20040312 | | |
| | US 2004-812707 | A | 20040330 | | |

AB The present invention is directed to detection and measurement of gene transcripts and their equivalent nucleic acid products in blood. Specifically provided is anal. performed on a drop of blood for detecting, diagnosing, and monitoring diseases, and in particular allergy, using gene-specific and/or tissue-specific primers. Affymetrix Human Genome U133 and ChondroChip microarrays were used to detect differentially expressed gene transcripts in hypertension, obesity, allergy, systemic steroids, coronary artery disease, diabetes type 2, hyperlipidemia, lung disease, bladder cancer, rheumatoid arthritis, osteoarthritis, liver cancer, schizophrenia, Chagas disease, asthma, and manic depression syndrome. The present invention describes methods by which delineation of the sequence and/or quantitation of the expression levels of disease-specific genes allows for an immediate and accurate diagnostic/prognostic test for disease or to assess the effect of a particular treatment regimen. [This abstract record is one of 3 records for this document necessitated by the large number of index entries required to fully index the document and publication system constraints.]

L6 ANSWER 2 OF 17 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 4
 AN 2003:396706 CAPLUS Full-text
 DN 138:379227
 TI Method using topiramate and related compounds for treating autoimmune diseases
 IN Ryback, Ralph
 PA USA
 SO PCT Int. Appl., 35 pp.
 CODEN: PIXXD2
 DT Patent
 LA English
 FAN.CNT 1

| | PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|------|-----------------|------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| PI | WO 2003041697 | A1 | 20030522 | WO 2002-US36408 | 20021114 <-- |
| | W: | | | AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW | |
| | RW: | | | GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG | |
| | CA 2466519 | AA | 20030522 | CA 2002-2466519 | 20021114 <-- |
| | US 2003144347 | A1 | 20030731 | US 2002-293492 | 20021114 <-- |
| | EP 1450779 | A1 | 20040901 | EP 2002-780645 | 20021114 <-- |
| | R: | | | AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, SK | |
| | JP 2005514352 | T2 | 20050519 | JP 2003-543584 | 20021114 |
| PRAI | US 2001-331324P | P | 20011114 | | |
| | WO 2002-US36408 | W | 20021114 | | |

OS MARPAT 138:379227
GI



AB The invention provides a method for treating autoimmune diseases, comprising administering a therapeutically effective amount of I (X = CH₂, O; R₁ = H, alkyl; R₂-R₅ = H, lower alkyl, etc.), e.g. topiramate.

RE.CNT 2 THERE ARE 2 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L6 ANSWER 3 OF 17 CAPLUS COPYRIGHT 2006 ACS on STN DUPLICATE 5

AN 1997:233191 CAPLUS Full-text

DN 126:275598

TI Mutations in the c-erbA β 1 gene: do they underlie euthyroid fibromyalgia?

AU Lowe, J. C.; Cullum, M. E.; Graf, L. H., Jr.; Yellin, J.

CS Fibromyalgia Research Foundation, Houston, TX, 77277, USA

SO Medical Hypotheses (1997), 48(2), 125-135

CODEN: MEHYDY; ISSN: 0306-9877

PB Churchill Livingstone

DT Journal; General Review

LA English

AB A review, with 152 refs., on fibromyalgia, which is a chronic condition of widespread pain, stiffness, and fatigue, and has proven unresponsive to drugs, the use of which is based on the "serotonin-deficiency hypothesis". An alternative hypothesis - failed transcription regulation by thyroid hormone - can explain the serotonin deficiency and other objective findings and symptoms of euthyroid fibromyalgia. Virtually every feature of fibromyalgia corresponds to signs or symptoms associated with failed transcription regulation by thyroid hormone. In hypothyroid fibromyalgia, failed transcription regulation would result from thyroid-hormone deficiency. In euthyroid fibromyalgia, failed transcription regulation may result from low-affinity thyroid hormone receptors coded by a mutated c-erbA β 1 gene, yielding partial peripheral resistance to thyroid hormone. The hypothesis of this paper is that, in euthyroid fibromyalgia, a mutant c-erbA β 1 gene (or alternately, the c-erbA.alpha.1 gene) results in low-affinity thyroid-hormone receptors that prevent normal thyroid hormone regulation of transcription. As in hypothyroidism, this would cause a shift toward α -adrenergic dominance and increases in both cyclic adenosine 3'-5'-phosphate phosphodiesterase and inhibitory Gi proteins. The result would be tissue-specific hypothyroid-like symptoms despite normal circulating thyroid-hormone levels.

L6 ANSWER 4 OF 17 CAPLUS COPYRIGHT 2006 ACS on STN

AN 2006:218234 CAPLUS Full-text

DN 144:286212

TI Diagnosis and treatment of human dormancy-related sequelae

IN Powell, Michael

PA USA
SO U.S. Pat. Appl. Publ., 35 pp., Cont.-in-part of U. S. Ser. No. 444,845.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 3

| | PATENT NO. | KIND | DATE | APPLICATION NO. | DATE |
|------|-----------------|------|----------|-----------------|--------------|
| | ----- | ---- | ----- | ----- | ----- |
| PI | US 2006052278 | A1 | 20060309 | US 2005-206564 | 20050818 |
| | US 2003228628 | A1 | 20031211 | US 2003-444845 | 20030523 <-- |
| PRAI | US 2002-382913P | P | 20020523 | | |
| | US 2002-383271P | P | 20020524 | | |
| | US 2003-444845 | A2 | 20030523 | | |

AB New methods for diagnosis and treatment of human dormancy syndrome-related sequellae are provided. Human dormancy syndrome (HDS) is characterized by elevated serum ratio of rT3/ft3 compared to a population of normal subjects. HDS includes fibromyalgia, chronic fatigue, cancer, autoimmune disease, obesity and related dormancy conditions. Dormancy and HDS-related sequellae are imposed on humans by infection with lipopolysaccharide (LPS; or endotoxin)-producing organisms, especially those that are intracellular and those that create antigens that stimulate the TLR pathways. In such instances, the elimination or neutralization of the LPS signal along with the infectious source is required to impact the sequellae of HDS. Treatment includes use of novel and non-obvious doses of antibiotics, optionally including agents that decrease the adverse effects of endotoxin.

L6 ANSWER 5 OF 17 CAPLUS COPYRIGHT 2006 ACS on STN

AN 1992:487883 CAPLUS Full-text

DN 117:87883

TI Alterations in platelet [3H]-imipramine binding, 5HT uptake and plasma .
alpha.1-acid glycoprotein concentrations in patients
with major depression

AU Knight, David L.; Slotkin, Theodore A.; Meyerson, Lawrence R.; Krishnan,
K. Ranga R.; Nemeroff, Charles B.

CS Med. Cent., Duke Univ., Durham, NC, 27710, USA

SO Advances in the Biosciences (Oxford) (1991), 82(Presynaptic
Recept. Neuronal Transp.), 185-8

CODEN: AVBIB9; ISSN: 0065-3446

DT Journal

LA English

AB Several aspects of platelet serotonergic function have been investigated in patients with major depression. The specificity of the decreased number of platelet binding sites for [3H]-imipramine were investigated. Blood samples for platelet receptor binding were obtained from normal controls, patients with panic disorder, atypical depression, mania, fibromyalgia and Alzheimer's disease as well as patients with major depression. Only patients with major depression exhibited a decrease in the d. of [3H]-imipramine binding sites on platelets. In addition, in vitro expts. revealed that imipramine was less effective in inhibiting radiolabeled serotonin (5HT) uptake into platelets in elderly depressed patients, when compared to either elderly normal controls or young-middle aged depressed patients. Lastly, an increase in the concentration of plasma .alpha.1-acid glycoprotein, a putative endogenous inhibitor of the [3H]-imipramine binding site, in drug-free depressed patients was observed

L6 ANSWER 6 OF 17 WPIDS COPYRIGHT 2006 THE THOMSON CORP on STN

AN 2004-765487 [75] WPIDS Full-text

CR 2003-342643 [32]; 2004-329624 [30]; 2004-765486 [75]

DNN N2004-603924 DNC.C2004-268299

TI New triazine compounds are smooth muscle proliferation inhibitor useful for treating inflammation mediated disease and hyperproliferative disease.

DC B03 B04 D22 S05 T01

IN ALEXANDER, C W; KRISHNA, R V V; KUMAR, P R; PAL, M; PILLARISETTI, S; REDDY, G O; REDDY, J T; SAXENA, U; SRIDEVI, B S; TIMMER, R T; YELESWARAPU, K R

PA (ALEX-I) ALEXANDER C W; (KRIS-I) KRISHNA R V V R M; (KUMA-I) KUMAR P R; (PALM-I) PAL M; (PILL-I) PILLARISETTI S; (REDD-I) REDDY G O; (REDD-I) REDDY J T; (SAXE-I) SAXENA U; (SRID-I) SRIDEVI B S; (TIMM-I) TIMMER R T; (YELE-I) YELESWARAPU K R

CYC 1

PI US 2004209881 A1 20041021 (200475)* 254<--

ADT US 2004209881 A1 US 2003-400134 20030326

PRAI US 2003-400134 20030326

AN 2004-765487 [75] WPIDS Full-text

CR 2003-342643 [32]; 2004-329624 [30]; 2004-765486 [75]

AB US2004209881 A UPAB: 20050707

NOVELTY - Triazine compounds (I) are new.

DETAILED DESCRIPTION - Triazine compounds of formula (I) are new.

R1b = e.g. 4-fluoro-5-methoxy-pyridin-2-yl, 3-fluoro-2-methoxy-pyridin-5-yl, 3-fluoro-4-(Na⁺ O⁻)-phenyl, 3-fluoro-4-(K⁺ O⁻)-phenyl, 3-(trifluoromethyl)-4-methoxyphenyl or 4-methoxy-3-carboxy-phenyl (or its sodium salt);

R2b = e.g. hexahydro-pyrrolo(1,2-c)imidazol-2-yl, hexahydro-pyrrolo(1,2-c)imidazol-3-on-2-yl, 2,3-dihydro-1H-indol-1-yl or 1H-indol-1-yl;

R4b = H, CH₃, CH₂CH₃ or CH₂CH₂CH₃;

R5b = e.g. cycloheptane, cyclohepten-4-yl, azepan-4-yl or 1-methyl-azepan-4-yl;

R6b = O, NH, NCH₃, NCH₂CH₃ or N-C=N; and

R7b = cycloheptanyloxy, cyclopropyloxy, cyclopentanyloxy, cyclohexanyloxy or -N(R4b)R5b.

NB: Full definitions are given in the Definitions (Full Definitions) field.

INDEPENDENT CLAIMS are included for the following:

- (1) a composition (C1) comprising (I);
- (2) a medical device comprising a drug delivering or eluting member and (C1) disposed on or in the drug delivering or eluting member;
- (3) a microarray comprising a gene expression profile generated from a cell type treated with (I); and
- (4) an expression profile database comprising a patient identifying reference; and an expression profile for the patient generated by administering (I).

ACTIVITY - Cytostatic; Antiinflammatory; Vasotropic; Antiarteriosclerotic; Antidiabetic; Cardiovascular-Gen.; Immunosuppressive; Antiarteriosclerotic; Antiarthritic; Antirheumatic; Antiulcer; Gastrointestinal-Gen.; Osteopathic; Dermatological; Ophthalmological; Neuroprotective; Respiratory-Gen.; Vasotropic; Antiallergic; Antiasthmatic; Antipsoriatic; Antibacterial; Fungicide; Virucide; Vulnerary; Cerebroprotective; Hemostatic; Nephrotropic; Hepatotropic; Muscular-Gen.

MECHANISM OF ACTION - Glycated protein inhibitor/blocker; Smooth muscle proliferation inhibitor; Heparanase activity modulator/inhibitor.

(I) was tested for smooth muscle proliferation inhibition (SMC) activity using human aortic smooth muscle cells and smooth muscle cell proliferation assay. (I) showed SMC inhibition of greater than 70%.

USE - For treating unwanted cellular proliferation, inflammation mediated disease, hyperproliferative disease, modulating a glycosidase enzyme in a human or an animal (claimed). Also useful for treating pathophysiological conditions arising from inflammatory responses and vascular occlusive conditions characterized by smooth muscle proliferation e.g. restenosis and

atherosclerosis, and diabetes, cardiovascular diseases, organ transplant sequelae, neointimal hyperplasia, transplant vasculopathy, cardiac allograft vasculopathy and arteriosclerosis; for treating and preventing cancer, autoimmune diseases, arthritis, rheumatoid arthritis, juvenile rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, gastric ulcer, seronegative arthropathies, osteoarthritis, inflammatory bowel disease, ulcerative colitis, systemic lupus erythematosus, antiphospholipid syndrome, iridocyclitis/uveitis/optic neuritis, idiopathic pulmonary fibrosis, systemic vasculitis/wegener's granulomatosis, sarcoidosis, orchitis/vasectomy reversal procedures, allergic/atopic diseases, asthma, allergic rhinitis, eczema, allergic contact dermatitis, allergic conjunctivitis, hypersensitivity pneumonitis, transplants, organ transplant rejection, graft-versus-host disease, systemic inflammatory response syndrome, sepsis syndrome, gram positive sepsis, gram negative sepsis, culture negative sepsis, fungal sepsis, neutropenic fever, urosepsis, meningococemia, trauma/hemorrhage, burns, ionizing radiation exposure, acute pancreatitis, adult respiratory distress syndrome, alcohol-induced hepatitis, chronic inflammatory pathologies, Crohn's pathology, sickle cell anemia, diabetes, nephrosis, atopic diseases, hypersensitivity reactions, perennial rhinitis, conjunctivitis, endometriosis, asthma, urticaria, systemic anaphylaxis, dermatitis, pernicious anemia, hemolytic disease, thrombocytopenia, graft rejection of any organ or tissue, kidney transplant rejection, heart transplant rejection, liver transplant rejection, pancreas transplant rejection, lung transplant rejection, bone marrow transplant (BMT) rejection, skin allograft rejection, cartilage transplant rejection, bone graft rejection, small bowel transplant rejection, fetal thymus implant rejection, parathyroid transplant rejection, xenograft rejection of any organ or tissue, allograft rejection, anti-receptor hypersensitivity reactions, Graves disease, Raynaud's disease, type B insulin-resistant diabetes, myasthenia gravis, -meditated cytotoxicity, type III hypersensitivity reactions, POEMS syndrome, polyneuropathy, organomegaly, endocrinopathy, monoclonal gammopathy, skin changes syndrome, anti-phospholipid syndrome, pemphigus, scleroderma, mixed connective tissue disease, idiopathic Addison's disease, autoimmune hemolytic anemia, autoimmune hepatitis, idiopathic pulmonary fibrosis, scleroderma, diabetes mellitus, chronic active hepatitis, vitiligo, vasculitis, post-MI cardiomyopathy syndrome, contact dermatitis, hypersensitivity pneumonitis, granulomas due to intracellular organisms, drug sensitivity, metabolic/idiopathic, Wilson's disease, hemochromatosis, alpha-1-antitrypsin deficiency, diabetic retinopathy, hashimoto's thyroiditis, osteoporosis, hypothalamic-pituitary-adrenal axis evaluation, primary biliary cirrhosis, thyroiditis, encephalomyelitis, cachexia, cystic fibrosis, neonatal chronic lung disease, chronic obstructive pulmonary disease (COPD), familial hemophagocytic lymphohistiocytosis, dermatologic conditions, psoriasis, alopecia, nephrotic syndrome, nephritis, glomerular nephritis, acute renal failure, hemodialysis, uremia, toxicity, preeclampsia, ankylosing spondylitis, Behcet's disease, bullous pemphigoid, cardiomyopathy, celiac sprue-dermatitis, chronic fatigue immune dysfunction syndrome, chronic inflammatory demyelinating polyneuropathy, Churg-Strauss syndrome, cicatricial pemphigoid, CREST syndrome, cold agglutinin disease, discoid lupus, essential mixed cryoglobulinemia, fibromyalgia -fibromyositis, Graves' disease, Guillain-Barré, idiopathic thrombocytopenia purpura (ITP), IgA nephropathy, insulin dependent diabetes, lichen planus, meniere's disease, multiple sclerosis, pemphigus vulgaris, polyarteritis nodosa, Cogan's syndrome, polychondritis, polyglandular syndromes, polymyalgia rheumatica, polymyositis and dermatomyositis, primary agammaglobulinemia, Raynaud's phenomenon, Reiter's syndrome, rheumatic fever, stiff-man syndrome, Takayasu arteritis and temporal arteritis/giant cell arteritis. Dwg.0/86

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2003-567182 [53]; 2003-567183 [53]; 2003-567184 [53]; 2003-567185 [53];
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DNN N2000-028952 DNC C2000-009747

TI New isolated GFR-alpha3 nucleic acid, used to develop products for
treating diseases or conditions involving peripheral nervous system or
autonomic nervous system.

DC B04 C03 C06 D16 S03

IN DE SAUVAGE, J; KLEIN, D; PHILLIPS, S; ROSENTHAL, A; DE SAUVAGE, F; KLEIN,
R; PHILLIPS, H; DE SAUVAGE, F J; KLEIN, R D; PHILLIPS, H S; ASHKENAZI, A;
GODDARD, A; GURNEY, A L; NAPIER, M; WOOD, W I; YUAN, J

PA (GETH) GENENTECH INC; (DSAU-I) DE SAUVAGE F J; (KLEI-I) KLEIN R D;
(PHIL-I) PHILLIPS H S; (ROSE-I) ROSENTHAL A

CYC 87

PI WO 9949039 A2 19990930 (200003)* EN 112<--

RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW NL
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| AN | 2000-038358 [03] | WPIDS <u>Full-text</u> | |
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AB WO 9949039 A UPAB: 20060801

NOVELTY - Isolated glial-cell-line-derived neurotrophic factor family receptor alpha -3 (GFR alpha 3) polypeptides and polynucleotides are new.

DETAILED DESCRIPTION - A novel isolated (A) nucleic acid (NA) comprises a NA having at least a 65 % sequence identity to:

(a) NA molecule (NAM) encoding a GFR alpha 3 polypeptide comprising the sequence of amino acids 27 to 400 of sequence (XV) shown (400 amino acids in length) or the sequence of amino acids 27 to 369 of sequence (XVII) (369 amino acids in length); or

(b) the complement of an NAM as in (a).

INDEPENDENT CLAIMS are also included for the following:

(1) an isolated NA comprising NA having at least a 65% sequence identity to:

(a) NAM encoding the same mature polypeptide encoded by a cDNA in ATCC Number 209752 (DNA48613-1268) or in ATCC Number 209751; or

(b) the complement of a DNA molecule as in (a);

(2) an isolated NA comprising an NA having at least a 65% sequence identity to:

(a) NAM encoding a GFR alpha 3 polypeptide comprising a sequence of amino acids 84 to 360 of sequence (XV), amino acids 84 to 329 of sequence (XVII), or a sequence of amino acids 110 to 386 of sequence (XX) (888 amino acids in length); or

(b) the complement of an NAM as in (a);

(3) a vector comprising an NA as in (A);

(4) a host cell comprising a vector as in (3);

(5) a polypeptide comprising a sequence having at least 65% sequence identity with amino acid residues 84 to 360 of sequence (XV) or 84 to 329 of sequence (XVII);

(6) a chimeric molecule comprising a GFR alpha 3 polypeptide fused to a heterologous amino acid sequence;

(7) an antibody which specifically binds to GFR alpha 3 polypeptide;

(8) measuring agonist binding to a polypeptide comprising an agonist-binding domain of an alpha -subunit receptor, comprising exposing the polypeptide positioned in a cell membrane to a candidate agonist and measuring homo-dimerization or homo-oligomerization of the polypeptide;

(9) measuring autophosphorylation of a polypeptide receptor construct comprising a ligand-binding domain of an alpha -subunit receptor, the intracellular catalytic domain of a tyrosine kinase receptor (TKR), and a flag epitope comprising:

(a) coating a first solid phase with a homogeneous population of eukaryotic cells so that the cells adhere to the first solid phase, where, positioned in their membranes, the cells have the polypeptide receptor construct;

(b) exposing the adhering cells to an analyte;
 (c) solubilizing the adhering cells, thereby releasing cell lysate;
 (d) coating a second solid phase with a capture agent which binds specifically to the flag epitope so that the capture agent adheres to the second solid phase;
 (e) exposing the adhering capture agent to the cell lysate obtained in (c) so that the receptor construct adheres to the second solid phase;
 (f) washing the second solid phase so as to remove unbound cell lysate;
 (g) exposing the adhering receptor construct to an anti-phosphotyrosine antibody which identifies phosphorylated tyrosine residues in the TKR; and
 (h) measuring binding of the anti-phosphotyrosine antibody to the adhering receptor construct;
 (10) measuring autophosphorylation of a polypeptide receptor construct comprising a ligand-binding domain of an alpha -subunit receptor, the intracellular catalytic domain of a TKR, and a flag epitope;
 (11) a polypeptide comprising an alpha -subunit receptor ligand-binding domain, a flag polypeptide, and an intracellular catalytic domain of a TKR;
 (12) a kit comprising a solid phase coated with a capture agent which binds specifically to a flag polypeptide, and a polypeptide comprising an alpha -subunit receptor ligand-binding domain, a flag polypeptide, and an intracellular catalytic domain of a TKR; and
 (13) an assay for measuring phosphorylation of polypeptide receptor construct comprising a ligand-binding domain of an alpha -subunit receptor, the intracellular catalytic domain of a kinase receptor, and a flag epitope.

USE - The GFR alpha 3 polypeptides possess neuronal cell activation function typical of the GFR protein family. GFR alpha 3 ligands can be used to stimulate proliferation, growth, survival, differentiation, metabolism or regeneration of GFR alpha 3- and Ret-containing cells. Agents which bind to the GFR alpha 3 molecule could be useful in the treatment of diseases or conditions involving the peripheral nervous system, e.g. such ligands can be used to treat peripheral neuropathies associated with diabetes, human immunodeficiency virus (HIV), or chemotherapeutic agent treatments. Ligands binding to GFR alpha 3 are expected to be useful in the treatment of neuropathic pain, antagonists of GFR alpha 3 are expected to be useful to treat chronic pain of non-neuropathic nature e.g. that which is associated with various inflammatory states. GFR alpha 3 or its agonist or antagonists can be used to treat conditions involving dysfunction of the autonomic nervous system including disturbances in blood pressure or cardiac rhythm, gastrointestinal function, impotence, and urinary continence. Other indications for ligands binding to GFR alpha 3 include post-herpetic neuralgia, shingles, asthma, irritable bowel, inflammatory bowel, cystitis, headache (migraine), arthritis, spinal cord injury, constipation, hypertension, mucositis, dry mouth or eyes, fibromyalgia, chronic back pain, or wound healing. Ligands which act via GFR alpha 3 will be particularly useful to treat disorders of the peripheral nervous system while inducing fewer effects on weight loss, motor function, or on kidney function than would ligands acting via GFR alpha 1 or GFR alpha 2. The products and methods can also be used for qualitatively and quantitatively measuring alpha -subunit receptor activation as well as facilitating identification and characterization of potential agonists and antagonists for a selected alpha -subunit receptor. The products can also be used for detection, diagnosis and production of transgenic animals. Dwg.0/13

L6 ANSWER 8 OF 17 WPIDS COPYRIGHT 2006 THE THOMSON CORP on STN

AN 1999-070411 [06] WPIDS Full-text

DNC C1999-020912

TI Treatment of chronic fatigue syndrome - by administration of buprenorphine or one of its salt.

DC B02

IN COLE, W L
PA (COLE-I) COLE W L
CYC 82
PI WO 9857637 A1 19981223 (199906)* EN 18<--
RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW NL
OA PT SD SE SZ UG ZW
W: AL AM AT AU AZ BA BB BG BR BY CA CH CN CU CZ DE DK EE ES FI GB GE
GH GM GW HU ID IL IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MD MG
MK MN MW MX NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT UA UG
UZ VN YU ZW
AU 9882600 A 19990104 (199921) <--
US 5900420 A 19990504 (199925) <--
EP 1014975 A1 20000705 (200035) EN <--
R: DE FR GB IT
JP 2002511087 W 20020409 (200227) 13<--
ADT WO 9857637 A1 WO 1998-US12890 19980619; AU 9882600 A AU 1998-82600
19980619; US 5900420 A Provisional US 1997-50157P 19970619, Provisional US
1997-56571P 19970821, US 1998-99900 19980618; EP 1014975 A1 EP 1998-932795
19980619, WO 1998-US12890 19980619; JP 2002511087 W WO 1998-US12890
19980619, JP 1999-504905 19980619
FDT AU 9882600 A Based on WO 9857637; EP 1014975 A1 Based on WO 9857637; JP
2002511087 W Based on WO 9857637
PRAI US 1998-99900 19980618; US 1997-50157P 19970619;
US 1997-56571P 19970821
AN 1999-070411 [06] WPIDS Full-text
AB WO 9857637 A UPAB: 19990210
Chronic fatigue syndrome and fibromyalgia are treated by administration of
buprenorphine or one of its salts. Buprenorphine is 17-cyclo-propyl methyl-
alpha -(1,1-dimethylethyl)-4,5- epoxy-18,19-dihydro-3-hydroxy-6- methoxy-
alpha -methyl-6,14- ethenomorphinan-7-methanol.
USE - Buprenorphine is used to treat the major symptoms of chronic
fatigue syndrome and fibromyalgia. Dwg.0/0

L6 ANSWER 9 OF 17 PROMT COPYRIGHT 2006 Gale Group on STN

AN 2004:394822 PROMT Full-text
TI OTHER NEWS TO NOTE.
SO BIOWORLD Today, (10 Sep 2004) Vol. 15, No. 175.
PB Thomson Healthcare, Inc.
DT Newsletter
LA English
WC 2225
FULL TEXT IS AVAILABLE IN THE ALL FORMAT
AB Accelrys Inc., of San Diego, formed an agreement with Bayer THIS IS THE
FULL TEXT: COPYRIGHT 2004 American Health Consultants, Inc. Subscription:
\$1350.00 per year. Published daily (5 times a week). 5 Paragon Drive,
Montvale, NJ 07645.

L6 ANSWER 10 OF 17 PROMT COPYRIGHT 2006 Gale Group on STN

AN 2004:22520 PROMT Full-text
TI Final Results.
SO PR Newswire, (22 Jan 2004) .
PB PR Newswire Association, Inc.
DT Newsletter
LA English
WC 23610
FULL TEXT IS AVAILABLE IN THE ALL FORMAT

AB Pfizer Inc 2003 Performance Report THIS IS THE FULL
TEXT: COPYRIGHT 2004 PR Newswire Association, Inc.

L6 ANSWER 11 OF 17 PROMT COPYRIGHT 2006 Gale Group on STN

AN 2004:22533 PROMT Full-text
TI /SECOND AND FINAL ADD -- NYTH048 -- Pfizer Inc Earnings/.
SO PR Newswire, (22 Jan 2004) .
PB PR Newswire Association, Inc.
DT Newsletter
LA English
WC 6643

FULL TEXT IS AVAILABLE IN THE ALL FORMAT

AB Q27) What is the status of Somavert? THIS IS THE FULL TEXT: COPYRIGHT 2004
PR Newswire Association, Inc.

L6 ANSWER 12 OF 17 PROMT COPYRIGHT 2006 Gale Group on STN

AN 2004:144642 PROMT Full-text
TI /SECOND AND FINAL ADD -- NYTU091 -- Pfizer Inc Earnings/.
SO PR Newswire, (20 Apr 2004) .
PB PR Newswire Association, Inc.
DT Newsletter
LA English
WC 7336

FULL TEXT IS AVAILABLE IN THE ALL FORMAT

AB Q21) How is Camptosar performing? THIS IS THE FULL TEXT: COPYRIGHT 2004 PR
Newswire Association, Inc.

L6 ANSWER 13 OF 17 PROMT COPYRIGHT 2006 Gale Group on STN

AN 2000:759895 PROMT Full-text
TI Recognizing and treating depression. (Major depressive
disorder) (Statistical Data Included)
AU Mack, James E.
SO Drug Topics, (21 Aug 2000) Vol. 144, No. 16, pp. 67.
ISSN: 0012-6616.
PB Medical Economics Company, Inc.
DT Newsletter
LA English
WC 6206

FULL TEXT IS AVAILABLE IN THE ALL FORMAT

AB Major depressive disorder (MDD) is a common clinical condition that affects
millions of children and adults every year. It is estimated that 17% of
adults in this country will experience major depression during their
lifetime, with the frequency being twice as high in women as in men. Milder
forms of depression such as dysthymia and minor depression occur in
approximately 5% of the population. The morbidity and mortality resulting
from depression are significant. Consequently, learning to recognize and
treat depression is crucial to addressing this serious societal problem.
THIS IS THE FULL TEXT: COPYRIGHT 2000 Medical Economics Company, Inc.

Subscription: \$58.00 per year. Published semimonthly. 5 Paragon Dr.,
Montvale, NJ 07645.

L6 ANSWER 14 OF 17 BIOSIS COPYRIGHT (c) 2006 The Thomson Corporation on
STN DUPLICATE 2

AN 2005:19908 BIOSIS Full-text

DN PREV200500017867

TI Alpha1-antitrypsin replacement therapy controls fibromyalgia
symptoms in 2 patients with PI ZZ alpha1-antitrypsin deficiency.

AU Blanco, Ignacio [Reprint Author]; Canto, Hortensia; de Serres, Frederick
Joseph; Fernandez-Bustillo, Enrique; Rodriguez, Maria Carmen

CS Resp Dis BranchDept Internal Med, Hosp Valle Nalon, Langreo, Asturias,
33920, Spain
ignacio.blanco@sespa.princast.es

SO Journal of Rheumatology, (October 2004) Vol. 31, No. 10, pp.
2082-2085. print.
ISSN: 0315-162X (ISSN print).

DT Article

LA English

ED Entered STN: 22 Dec 2004
Last Updated on STN: 22 Dec 2004

AB Two Spanish sisters with alpha1-antitrypsin (AAT) deficiency and fibromyalgia
(FM) started AAT replacement therapy with commercial alpha1-antitrypsin
infusions in 1992. They both experienced a rapid, progressive, and constant
control of their FM symptoms during the next 6 years (1992-98). However, in
1998, treatment of both patients was affected by the worldwide commercial
shortage of AAT replacement therapy; replacement therapy infusions were halted
for about 4-6 consecutive months every year for 5 years. As a result, we
observed a striking recurrence of FM symptoms. Equally striking was the total
disappearance of these symptoms when AAT replacement therapy infusions were
resumed.

L6 ANSWER 15 OF 17 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights
reserved on STN DUPLICATE 3

AN 2004360882 EMBASE Full-text

TI A 55-year-old man with hypogammaglobulinemia, lymphopenia, and unrelenting
cutaneous warts.

AU Lynn J.; Knight A.K.; Kamoun M.; Levinson A.I.

CS Dr. A.I. Levinson, Allergy and Immunology Section, Univ. of Pennsylvania
Sch. of Med., 1014 BRBII/III, 421 Curie Boulevard, Philadelphia, PA 19104,
United States. frog@mail.med.upenn.edu

SO Journal of Allergy and Clinical Immunology, (2004) Vol. 114, No. 2, pp.
409-414. .
Refs: 28
ISSN: 0091-6749 CODEN: JACIBY

PUI S 0091-6749(04)01065-6

CY United States

DT Journal; Article

FS 004 Microbiology
025 Hematology
026 Immunology, Serology and Transplantation
030 Pharmacology
037 Drug Literature Index

LA English

SL English

ED Entered STN: 9 Sep 2004
Last Updated on STN: 9 Sep 2004

AB A 55-year-old white man with a history of hypertension, fibromyalgia, and
colonic polyps presented with unrelenting plantar warts on his hands and feet
for the past 4 years. He was otherwise healthy and without a history of
recurrent infections. Physical examination was unremarkable except for
extensive warts on his hands and feet. Pertinent laboratory findings included

hypoalbuminemia, hypogammaglobulinemia, and lymphopenia most severely affecting CD4(+) T cells. Testing for HIV infection was negative. This clinical and laboratory presentation suggested a combined humoral and cellular immunodeficiency syndrome that could be best explained by loss of lymphocytes, immunoglobulins, and other serum proteins. Additional immunologic testing revealed a marked reduction in peripheral blood naive (CD4 (+)CD45RA(+)) T cells. A 24-hour stool collection showed a markedly elevated $\alpha(1)$ -antitrypsin level. These findings were most consistent with the diagnosis of intestinal lymphangiectasia, a type of protein-losing enteropathy associated with hypoalbuminemia, hypogammaglobulinemia, and lymphopenia, characterized by a preferential loss of naive CD4(+) T cells into the gastrointestinal tract. This case illustrates the importance of considering intestinal loss of immunoglobulins and lymphocytes in the differential diagnosis of the adult patient who presents with laboratory evidence of a combined humoral and cellular immunodeficiency. It also underscores the diagnostic utility of the clinical immunology laboratory and how flow cytometry, in particular, can contribute to an understanding of pathogenic mechanisms.

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AN 1999:19025 SCISEARCH Full-text

GA The Genuine Article (R) Number: 152KR

TI Nasal secretion analysis in allergic rhinitis, cystic fibrosis, and nonallergic fibromyalgia/chronic fatigue syndrome subjects

AU Baraniuk J N (Reprint); Clauw D; Yuta A; Ali M; Gaumond E; Upadhyayula N; Fujita K; Shimizu T

CS Georgetown Univ, Div Rheumatol Allergy & Immunol, LL-020 Gorman Bldg, Washington, DC 20007 USA (Reprint); Georgetown Univ, Div Rheumatol Allergy & Immunol, Washington, DC 20007 USA

CYA USA

SO AMERICAN JOURNAL OF RHINOLOGY, (NOV-DEC 1998) Vol. 12, No. 6, pp. 435-440.

ISSN: 1050-6586.

PB OCEAN SIDE PUBLICATIONS INC, 95 PITMAN ST, PROVIDENCE, RI 02906 USA.

DT Article; Journal

LA English

REC Reference Count: 28

ED Entered STN: 1999

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ABSTRACT IS AVAILABLE IN THE ALL AND IALL FORMATS

AB Rhinitis symptoms are present in approximately 70% of subjects with fibromyalgia and chronic fatigue syndrome (FM/CFS). Because only 35% to 50% have positive allergy skin tests, nonallergic mechanisms may also play a role. To better understand the mechanisms of nonallergic rhinitis in FM/CFS, nasal lavages were performed, and markers of vascular permeability, glandular secretion, and neutrophil and eosinophil infiltration measured in 27 nonallergic FM/CFS, 7 allergic rhinitis, 7 cystic fibrosis, and 9 normal subjects. Allergic rhinitis subjects had significantly increased vascular permeability (IgG) and ECP levels. Cystic fibrosis subjects had significantly higher elastase and total protein levels. There were no significant differences between FM/CFS and normal lavage fluids. Analysis of the constituents of nasal mucus provides information about ongoing secretory processes in rhinitis. There were no differences in the basal secretion of these markers of vascular permeability, submucosal gland serous cell secretion, eosinophil and neutrophil degranulation in nonallergic FM/CFS subjects. This suggests that constitutively active secretory processes that regulate continuous production of nasal secretions are not altered

in FM/CFS. Future studies should examine alternative mechanisms such as inducible, irritant-activated or reflex-mediated effects.

L6 ANSWER 17 OF 17 ADISCTI COPYRIGHT (C) 2006 Adis Data Information BV on
STN
AN 1993:17960 ADISCTI
DN 800199822
TI Fibrositis syndrome and narcolepsy.
AU Disdier P; Genton P; Milandre C; et al.
SO Journal of Rheumatology (May 1, 1993), Vol. 20, pp. 888-889
DT Citation
RE Rheumatic Disease
FS Citation
LA English

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